

# Delaware Department of Justice Employment Application



Last Name		First Name		M.I.		County	
Mailing Address				City		State Zip Code	
Home Phone		Work Phone		May we call you at work?		Yes No	
DOJ job applying for :							
Division:							
Job Location(s) applied for:		New Castle		Kent		Sussex City of Wilmington	
Will you accept:		Permanent		Temporary		Full Time Part Time	
Education / training:		High School/GED		Vocational / Business School			
Name & Location of College / University				Dates Attended		Major / Minor Type of Degree	
Occupational Licenses / Bar Admissions				Issued by / #		Date Acquired	
Computer Skills							
Language(s) other than English				Speak		Read Write	

# Employment History

Name on Employment / Educational Records if different from present name:

Start with most recent employment. Are you employed now? Yes No

Employer:

Supervisor:

Phone:

Address:

Annual Salary Start:

(or \$ hourly)

End:

Employed (month & year):

From:

To:

Full Time

Part Time

Reason for Leaving:

Job Title(s) & Duties:

Employer:

Supervisor:

Phone:

Address:

Annual Salary Start:

(or \$ hourly)

End:

Employed (month & year):

From:

To:

Full Time

Part Time

Reason for Leaving:

Job Title(s) & Duties:

# Employment History

Name on Employment / Educational Records if different from present name:

Employer:

Supervisor:

Address:

Phone:

Annual Salary Start:

(or \$ hourly) End:

Employed (month & year):

From:

To:

Full Time

Part Time

Reason for Leaving:

Job Title(s) & Duties:

Employer:

Supervisor:

Address:

Phone:

Annual Salary Start:

(or \$ hourly) End:

Employed (month & year):

From:

To:

Full Time

Part Time

Reason for Leaving:

Job Title(s) & Duties:

## Minimum Qualifications

Please describe how your education, training and experience meet ***each*** Minimum Qualification and Additional Requirement described in the Job Announcement. Please ***do not*** submit copies of letters or training certificates, unless stated as a requirement.

# Certification

***Before signing, please read the following statement carefully.***

Any false or substantive omission of information may be cause for rejection, or dismissal if employed by the State. I authorize the release of any information from previous employers or references.

I understand that if I am hired by the State of Delaware, the State shall require verification of identity and eligibility for employment in the United States.

I certify that if I am male, born after January 1, 1960, I have registered for Selective Service if required to register. I understand that I may be required to document registration.

Are you a Veteran of the armed forces of the United States or a member of the Delaware National Guard?	Yes	No
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Present State of Delaware employee?	Yes	No	Merit	Other	Seasonal
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Past State of Delaware employee?	Yes	No	Merit	Other	Seasonal
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*Any security clearance will be based on agency requirements.*

Applicant Signature	Date
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Please Note: Accommodations are available for applicants with disabilities in all phases of the application and employment process. Please call (302) 739-5458 to request an auxiliary aid or service. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

**Direct deposit of pay is mandatory. Failure to agree to direct deposit will result in the withdrawal of employment.**

**Please return your application to the Delaware Department of Justice by the closing date.**

**An Equal Opportunity Employer**



## Voluntary Affirmative Action Statement

It is the policy of the State of Delaware to assure equal and fair treatment in all aspects of employment opportunities and to not discriminate on the basis of gender, race, color, religion, national origin, marital status, disability, sexual orientation, age, Vietnam Era Veterans status, or any other protected class under state or federal law.

The information requested in this voluntary applicant survey will be used to assist state agencies in complying with state and federal record keeping and reporting requirements.

Please provide the following information to document and assess the effectiveness of our Affirmative Action Program. Hiring Managers will not have access to this page, and it will not impact hiring decisions.

Job applied for (Title):

How did you find out about this position?

Other:

Date of Birth:

(mm/dd/yy )

Gender:

Male

Female

Race/Ethnicity:

American Indian / Alaskan Native - Non Hispanic or Latino

Asian - Non Hispanic or Latino

Black or African American - Non Hispanic or Latino

Hispanic or Latino

Native Hawaiian or Pacific Islander - Non Hispanic or Latino

White - Non Hispanic or Latino

Two or More Races - Non Hispanic or Latino

**An Equal Opportunity Employer**



## Delaware Department of Justice Disclosure Statement

**Non-Attorney Staff will complete questions 1 through 4 and Attorneys 1 through 6 with "yes" or "no" answers. If the answer to any question is yes please explain completely in the space provided. If additional space is required please use the back of this page.**

1. Have you ever been dropped, suspended, placed on scholastic or disciplinary probation, expelled, or requested or allowed to resign in lieu of discipline from any college, university, law school or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein?

Yes      No      If yes, please explain.

2. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?

Yes      No      If yes, please explain.

3. Have you ever, either as an adult or juvenile, been cited, arrested, charged or convicted for any violation, offense, misdemeanor, felony or other unclassified violation of any law? NOTE: This includes matters that have been expunged, been subject to a diversionary program, pardoned or otherwise cleared.

Yes      No      If yes, please explain.

4. Have you ever been charged with any moving traffic violations during the past ten years? NOTE: This includes all alcohol or drug related traffic violations. This does not include parking tickets.

Yes      No      If yes, please explain.

5. Have you ever been disbarred, suspended, censured or otherwise reprimanded or disqualified as an attorney?

Yes      No      If yes, please explain.

6. Have there ever been, or are there now any charges, complaints or grievances (formal or informal) pending concerning your conduct as an attorney?

Yes      No      If yes, please explain.

NOTICE: False statements made herein are punishable by law pursuant to 11 Del.C. §1233.

Applicant Signature \_\_\_\_\_

Social Security #    Driver's License / ID No.#

State

ID Type

Expiration Date

Date \_\_\_\_\_

**Save a copy of your application to your device or Print it before submitting it.**  
**(MOBILE DEVICE USERS: - Email: [dojhr@state.de.us](mailto:dojhr@state.de.us))**